

[] A certified copy of a _____ application, serial no. _____, filed _____, 19____, the right of priority of which is claimed under 35 U.S.C. 119.

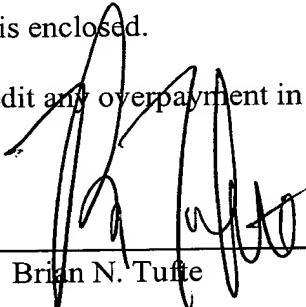
CLAIMS AS FILED						
	(1)	(2)	SMALL ENTITY		OTHER	
FOR:	# FILED	# EXTRA	Rate	Fee	Rate	Fee
BASIC FEE				\$355		\$710
TOTAL CLAIMS	19-20 =	0	x9=	\$	x18=	\$0
INDEPENDENT CLAIMS	3-3 =	0	X40=	\$	X80=	\$0
() MULTIPLE DEPENDENT CLAIM PRESENTED			+135=	\$	+270=	\$
TOTAL			\$		\$710.00	

*If the difference in Column (1) is less than zero, enter "0" in Column 2.

[] Other _____

[X] A check in the amount of \$ 710.00 is enclosed.

[XX] Please charge any deficiencies or credit any overpayment in the enclosed fees to Deposit Account No. 50-0413.

By: 
 Brian N. Tufte

Reg. No. 38,638

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